

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE & HOSPICE, INC. TEXAS HOME CARE & HOSPICE PAC-FEDERAL

A.

Full Name (Last, First, Middle Initial)

Chris Aldrete

Mailing Address 1602 Hillcrest Drive, E.

City

San Antonio

State

TX

Zip Code

78228

FEC ID number of contributing
federal political committee.

C

Name of Employer
Interim Healthcare

Occupation

Home Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.6504

Amount of Each Receipt this Period

250.00

Contribution

B.

Full Name (Last, First, Middle Initial)

Mr. Ted Bedsole

Mailing Address 2151 English Rd.

City

Rockwall

State

TX

Zip Code

75032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Heart of Texas Home Healthcare

Occupation

Home Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.6505

Amount of Each Receipt this Period

2500.00

Contribution

C.

Full Name (Last, First, Middle Initial)

Ms. Betty Busch

Mailing Address #3 Kona Drive

City

Azle

State

TX

Zip Code

76020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Main Street Homecare

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 0 / 2 0 1 1

Transaction ID: SA11AI.6506

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)